

CABIN LEADER APPLICATION

Santa Cruz County Outdoor Science School

Complete the entire application and email it to cabinleaderinfo@santacruzcoe.org, text a picture to 831-291-3997, or fax to 831-466-5945.

(Important: When you submit this application- you are committing to follow through and be there! Dropping out causes many issues for the students who are attending.)

Name: _____ Preferred Dates: 1st _____ 2nd _____ Gender: _____ Grade: _____

Email: _____ Cell Phone: _____

Current School: _____ Parent Name & Phone Number: _____

If you are a female bodied applicant, would you be willing to stay overnight in a cabin with 5th and/or 6th grade boys? Yes or No

Why are you interested in being a cabin leader?

Have you worked with children before? If so, explain your responsibilities. If not, describe any experience you believe is relevant to this position.

What makes you a good candidate to be a Cabin Leader?

Reference *(from a teacher, school administrator, coach, previous boss /employer/supervisor who is not a family member)*

In a brief paragraph in the space provided, please describe why you think the above student is qualified to be a Cabin Leader for 5th & 6th Grade students during a week of Outdoor Science School.

Reference's Name & Title Printed: _____

Reference's Signature: _____ Date: _____

Reference's Phone & E-mail: _____

Service Learning Permission Form

Santa Cruz County Outdoor Science School

Parent / Guardian Permission & Transportation Release

_____ (Student's name) has my permission to attend the Santa Cruz County Outdoor Science School, located at Koinonia Conference Grounds in Watsonville, as a Cabin Leader the week of either _____ OR _____.

*****Cabin Leaders must provide their own transportation** to and from Koinonia Conference Grounds. *** If you need help finding someone to carpool with, contact the Cabin Leader Coordinator immediately.

Parent/Guardian: Initial here to acknowledge your child must be picked up from Koinonia Conference Grounds at 12:00pm on the final day of the program _____. Initial here to agree your child will follow through with their commitment to the week they have agreed to volunteer _____.

Parent/Guardian Signature: _____ Date: _____

Daytime Phone: _____ Evening Phone: _____

Teacher Permission

If the student is not missing school, no signatures are required, and "School Break" can be written over this section.

Faculty/Administrators – do not sign unless the parent/guardian has signed above and the student meets the following criteria: good academic standing, a satisfactory attendance record, emotionally stable and a strong desire to participate in service learning. Students are not eligible to apply if they are pregnant, on probation, have behavior or disciplinary issues, have a history of drug and alcohol abuse, or are affiliated with a gang.

Course Title & Teacher's Signature

Period 1 _____ Date _____

Period 2 _____ Date _____

Period 3 _____ Date _____

Period 4 _____ Date _____

Period 5 _____ Date _____

Period 6 _____ Date _____

Attendance Office: _____ Date _____

Counselor: _____ Date _____

Administrator: _____ Date _____

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